

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 10/520138

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Publication No. WO 2004/007234 PCT/RO/101 ☒

Copy of ISR ✓, Copy of IPER EP

Assignee information: \_\_\_\_\_

Priority Info: Country DE No. 102 30 993.0 date 7-10-02 MORE (turn over) ☐

Correspondence checked: 020210

Inventor Name checked: F \_\_\_\_\_ L \_\_\_\_\_

Inventor Residence city: Immenstaad state and/or country DE citizenship: DE

International Application No. PCT EP2003/007161 Language \_\_\_\_\_

Copy of ISR: ✓

Copy in International Application: ✓; Translation: yes ✓ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 900; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 11 Chargeable 11 Independent 2 multiple 9

Number of drawing Sheets: 4 Foreign language: \_\_\_\_\_

Oath/Declaration: ✓; signed ✓ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 3 Jan 05

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: ✓ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References ✓

Copy of IPER: ✓; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): \_\_\_\_\_ date: 3 Jan 05; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ✓ DATE: 3 Jan 05 2<sup>nd</sup> ✓ DATE 3-3-05, 3-7-05

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ✓ date 3 Jan 05; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ✓, Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 3 Jan 05 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 3 Jan 05

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 7-23-05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: 308 Extension of time: Number of months \_\_\_\_\_